

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F94000002610

1. Corporation Name

INDUSTRIAS PROVINTER C.A.

Principal Place of Business

Mailing Address

5008 W. LINEBAUGH AVE., STE #34  
TAMPA FL 33624

5008 W. LINEBAUGH AVE., STE #34  
TAMPA FL 33624

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/19/1994

5. FEI Number

52-1889701

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PCD	DIAZ, JOSE R	PROLONGACION AV MICHELENA C.C. A	LOCAL B14 VALENCIA
VD	BRACHO, CARLOS A	PROLONGACION AV MICHELENA C.C. A	LOCAL B14 VALENCIA
STD	BRACHO, KARINA B	PROLONGACION AV MICHELENA C.C. A	LOCAL B14 VALENCIA

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\*\*\*236.25 \*\*\*236.25

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRACHO, KARINA B  
5008 W. LINEBAUGH AVENUE  
SUITE #34  
TAMPA FL 33624

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Karina Bracho*  
REGISTERED AGENT MUST SIGN

Date 10/18/01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Karina Bracho*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/01 813-9693661  
Date Daytime Phone #

FILED

01 OCT 22 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

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CR2E040 (8/01)